

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

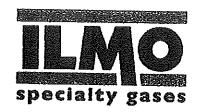
STATE PUBLIC HEALTH LABORATORY BREATH ALCOHOL PROGRAM

INTOX DMT MAINTENANCE REPORT

RECEIVED

REPORT #1

Complete this repo	ort at the time of the regulant whenever the instrume and send a copy within 1	ent is serviced or rena	aired and whenever if	I is placed into	::44 pm, Aug	10, 2015	
NTOX DMT SN	NAME OF AGEN	NOY		HSS.	DATE OF INSPECTION		
500073 OCATION OF INSTRUMEN	NT (STREET AND CITY)	State Highway Pa	itrol		08/03/2015		
Phelps County	Jail, 500 W. 2nd Street	•			TIME OF INSPECTION 13:06:18		
	e a mark in the box by ea mined). Unmarked items	ich item if found to b must be corrected b	e satisfactory or is or before using instrume	perating within	established limits.	(Write in observed	
☑ DIAGNOSTIC	RECORD						
DATE AND TIM	ME <u>08/03/2015 13:06:</u>	:20	DETECT	TOR		12.	
☑ PROGRAM		100	☑ FILTER				
SAMPLE C	HAMBER_48.8°C		☑ FILTER :		<u></u>	10 Marie 10	
☑ BREATH TU	JBE_48.1°C		☑ FILTER :				
☑ PUMP				AL STANDAR	PN .		
	ER ACCURACY STANE	DARDS		The terms of the t			
SIMULATOR			☑ COMPRE	☑ COMPRESSED ETHANOL-GAS MIXTURE			
	PPLIER <u>INTOXIMETE</u>	ERS L	LOT# AG516801		EXP. DATE 0		
] SIMULATOR TE	MP (34°C ± 0.2°C) CHECK - (ONLY ONE Susing a standard All three		MULATOR SN	SIM	SIMULATOR EXP DATE		
□ 0.08% S	TANDARD - MUST REA TANDARD - MUST REA TANDARD - MUST REA	AD BETWEEN 0.076 AD BETWEEN 0.038	6% AND 0.084% INC	CLUSIVE			
PERFORM R.F.L	~ m ~ +	TEST 2: 0,097			EST 3: 0.097		
VDICATE THE NUM	MBER OF BREATH TE	1	OWING RANGES S	SINCE THE L	AST MAINTENAN	NCE REPORT:	
EFUSALS: 1	004: 1 ESCRIBE ANY ALTERATION OR M THER SIDE IF NECESSARY)	.0509; 0	.10-,14: 3		1519: 1	OVER .19; 1	
	THER GIVE IF NECESSARY;				OTE GATIO ACTORET AN	D WIFMER	
SPECTING OFFICI	ER						
NATURE COVER AND A			PRINT FULL NAME				
E II PERMIT NUMBER	Mel	EXPIRATION DATE		JEREMY R MCCURDY TELEPHONE NUMBER			
50090		05/11/201	17 57:	3-368-2345			
30-2895 (2-13)		Southeast District Of	gram, MO Departmer Office Poplar Bluff, MO 6390		nd Senior Services		



7 Eastgate Dr. • P.O. Box 790 • Jacksonville, IL 6265 I-0790 217-245-2183 • Fax: 217-243-7634 • www.limoproducts.com

Certificate of Analysis

Certificate ID:

5179

Part #:

BAC105L080T

Cylinder Size:

105L

Lot Number:

17513080A5

Expiration:

7/1/2015

0.080 BAC (For use with breath alcohol testing instruments)

Contents:

105 Liters @ 1000 psig 70°F (21°C)

Component:

Concentration:

Accuracy:

Method:

Ethanol

288.4 ppm

+/- 0.002 or 2%

Nitrogen

Balance

BAC whichever is greater

NDIR

*NIST Standard Reference Material Cylinder No. CC157791 / Job No. 13029 Certified 184.3 µmol/mol Ethanol in Nitrogen

for ILMO Products Co., Jacksonville, IL

pecialty Gas Lab Tech Distributed by:

CMI Inc.

316 East Ninth Street Owensboro, KY 42303 Phone 866-835-0690 www.alcoholtest.com

07/09/13



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM



PERMIT TYPE II

BRIAN S SILVERTHORN

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE	4/22/2014	wante				
		DIRECTOR OF STATE PUBLIC HEALTH LABORATORY				
NUMBER	240184	Good Voolen Co.				
EXPIRES	4/22/2016	DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICE				

LHO 580-0771 (6-10)

LAB 4 (R6-10)



Date Expires 4/22/2016

Date Issued 4/22/2014